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## Facsimile Cover Sheet

### MEDTRONIC LAW DEPARTMENT - CONFIDENTIAL

**Attention:** Centralized Fax Number

**Company:** United States Patent and Trademark Office

**Telephone:** 703-305-5261

**Facsimile:** 703-872-9306

**Application No.:** 10/004,732

**Filing Date:** November 9, 2001

**From:** Anna M. Nelson, Esq.

**Telephone:** 763-505-0409

**Facsimile:** 763-505-0411

**Our Ref. No.:** P-10110.00US

**Date:** February 3, 2005

**Pages (including cover page):** 7

**Comments:**

Enclosed are the following documents for filing in the above-identified application:

- Transmittal Letter
- Response to Office Action
- Authorization to charge Deposit Account

Anna M. Nelson, Esq.

Reg. No. 48,935

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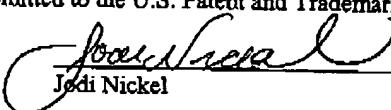
PATENT

Docket No.: P-10110.00

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Swoyer et al. Group Art Unit: 3762  
 Application No.: 10/004,732 Examiner: Bradford, Roderick D.  
 Filing Date: November 9, 2001 Due Date: April 16, 2004  
 For: IMPLANTABLE MEDICAL ELECTRICAL STIMULATION LEAD FIXATION  
 METHOD AND APPARATUS

**CERTIFICATE OF MAILING OR TRANSMISSION:** I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on February 3, 2005


  
Jedi Nickel

## TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

We are transmitting herewith the attached:

Response to Office Action  
 Petition for Extension of Time  
 Return Receipt Postcard

FEE CALCULATION	No. of Claims Filed	Highest No. of Claims Previously Paid for	No. of Extra Claims	Rate	Fee
Total Claims		- =		x \$18	\$
Independent Claims		- =		x \$84	\$
Multiple Dependent Claims				+ \$280	\$
<b>TOTAL</b>					<b>\$</b>

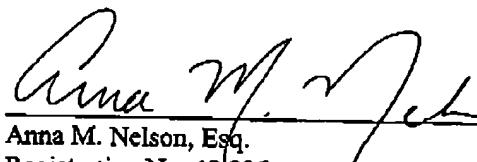
Please charge Deposit Account No. 13-2546 \$ for additional claims fees and \$ for petition fees, for a **TOTAL OF \$**.

Please charge any additional fees or credit any overpayments to Deposit Account No. 13-2546, which may have been overlooked on this Transmittal Letter with regard to this filing. A duplicate of this Transmittal Letter is enclosed.

*Transmittal*  
*Application No.: 10/004,732*

*Page 2*

Respectfully submitted,



Anna M. Nelson, Esq.  
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Date: February 3, 2005

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MEDTRONIC LAW DEPT

NO. 3171—P. 4

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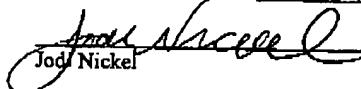
FEB 03 2005

PATENT  
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Jodi Nickel

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**RESPONSE TO OFFICE ACTION**

**Introductory Comments**

Responsive to the Office Action mailed November 3, 2004, Applicants submit the following remarks.

**Remarks/Arguments** begin on page 2 of this paper.